

C 641201

Date of Notification (1) 6/29/2015	42				Building Ov Associat				201	5 JUL -	2 A	48	46	
	Type Notification		100	treet Add	ress h Street				A.5	3£3705	110	LIT,		
EPA DEP DOL	Initial Amended Amendment #		С	ity, State	, Zip Code City, NJ	3			5	SESTOS & LICE	H311	∀G!	(UL	
DOH DCA	Emergency (inc justification) Cancellation	cluding	N	ame of 0		0.002				hone Num			II	
DCA I	Carloellation		Ι.		ITY INFOR	MATION	1				505E (I)	3		
Name of Facility Where A Residential Property		Place (3)		.,,,,,			T		2)	I/ 42				
Street Address 282 Park Ave	*											ngs,	nome	s,
City (5) Lyndhurst		li.			Ħ	×		quare Feet 3000	# o	Floors	1000	dg. Aq O+	je	
County (6) Bergen				County C	ode (7) SE ONLY)			urrent Use (Prid	or if bei	ng demolish	ed)		***	
Name of Monitoring Firm	Hired by Building Ov	vner (8)	$\vdash$	ASCM	No.	.   1	Name of	Abatement Cor	tractor	(9)				
n/a				n/a			Loznic	a Managem	ent C	orp				
Street Address					911		Street Ad							
n/a								y Lane						
City, State, Zip Code	).							te, Zip Code						.
n/a	10							n Park NJ 07	035					
Project Manager for Moni n/a	toring Firm	50 ST	4 (4	elephon n/a	e No.			67950		License N 01193	0.	8		
Start Date (10)		Scheduled			ate (11)			OSHA Monitor	_					
June 30th, 2015		July 6th,		15				a Managem	ent C	orp				
Occupancy Status During	Abatement (Check	Only One)				11.0	Street A							
Facility Closed/Vaca	ated During Entire Pe	eriod of Ab	atem	ent		727		y Lane						
Abatement Performe Other – Describe:	ed Outside of Norma	I Facility H	ours					te, Zip Code	7005					
Record .					1		Lincol	n Park NJ 07	/035			-		
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		novat moliti				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
		Ι		1			- Lud	Non-Exempte	( ) ar	io Non-Frial	JIE FIO		ement	
-2			ocation mall					20	92		2		ре	
Asbestos-Containing TO BE AB/	1 -7							iterial (ACM) insulation, , or		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Tarana ara					-	-		
Kitche			Х		Plaste	er Ceili	ng	2	250 SF	Х				
	3:													
Name of Registered Was	ste Hauler			JDEP W		Cubic Y		Name of	f Regis	tered Landfi	1			
Loznica Manageme			o3137	No.	of Wast		GROV		andfill					
City, State Riverdale, NJ				Disposa TBD	ai Date	City, Sta Morris		PA 19067						
Completed by				Si	anature		\	100	ate					
E. Cirovic	E s	Secre	tary			(	U	ult	>		lune 2	29th,	201	5

Check# 11690

## State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC 110ject # 304-2013				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				* -	
Date of Notification (1)  June 29,	2015				Name of Building Owner/ GOUTERMAN RESID		2810	May 1 2 10	10
Agencies Notified		Notification		tion	Street Address 24 HILLCREST ROAD	)	<del>- 46</del> -	NL -2 KM 8	
□ EPA		□ Amend			City, State, Zip Code		La come	7/1 8	ं देखे
□DCA		□ Emerg			CALDWELL, NJ 070	006	, , , ,	\$ /	
⊠ DOL		The same of the sa		ricidaling	Name of Contact		Telephone	Number - 1/1	cD)
☑ DEP- No Longer REQUIRE	D	justific  Cance			MS. NANCY GOUTE	ERMAN		-13	OL
⊠ DOH		u Cance	lieu						
				FACILITY INF					- 75
Name of Facility Where Abatemer GOUTERMAN RESIDENCE		ing Place (3)			Type of Facility (4)  School (K-12)				
					Subchapter 8 (other than	n K-12)			
Street Address 24 HILLCREST ROAD					☑ Other (i.e. private & cor		inas homes	etc.)	
24 HILLCREST ROAD					Sq. Feet: ~3400 SF				old
<u>City (5)</u> <u>Cc</u>	unty (6)		County	Code (7)					
CALDWELL	ES	SEX	(State	Use Only)	Current Use (prior if being	g demolished	): RESIDEN	ICE	
Name of Monitoring Firm Hired by	Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)				
ENVIROVISION, INC.			0007	79	GREENWOOD ABAT	TEMENT C	ONSIII TA	NTS INC	
Street Address					Street Address	-IIILIAI O	DITOULIA	110, 110.	
20-21 WARGARAW ROA	D								
					268 MAIN STREET				
City, State, Zip Code FAIRLAWN, NJ					City State, ZipCode BUTLER, NJ 07405				
Project Manager for Monitoring Fi	rm I	Telephone N	lumber		Telephone Number		License Nu	mher	
FRED LARSON		973-636-			TOTOPHONE HUMBON		<u>LICCIISC 140</u>	11001	
					973-492-0477		00840		
Scheduled Start Date (10)		Scheduled C	Completio	on Date (11)	Name of OSHA Monitor				
07/08/15		07/09/15			ENVIROVISION, INC	<b>)</b> .			
Occupancy Status During Abate					Street Address				
□ Facility Closed/Vacated Dur				ent (NOT SUB 8)	20 24 WARCARAW	BOAD			
Abatement Performed Outside	de of No	ormal Facility	Hours		20-21 WARGARAW City, State, Zip Code	RUAD			
Describe					Oity, State, Zip Code				
☐ Facility Occupied During Ent Hours 8AM — 4PM	ire Peri	od of Abatem	ient						
Hours BAIN - 4FIN					FAIRLAWN, NJ				
Source of Work (Check all that ap	ply)								
								gative Pressure	
				■ Renovation	<u></u>	Mini-Enclos		rap)	
<b>□</b> ≥ 160 sf or ≥ 260	lf			☐ Demolition	X	Glovebag F			
Location of Asbestos-Containing	lele	cation Normal	hullend	Description of Asi		Non-Exempte Amour		n-Friable Procedur tement Type	re
Material (ACM) in Facility (13)		y by Maint./Cu			bestos Containing Material nal systems insulation, surfaci		fv SF		
	Staff	? (12)		VAT, or other mis		or LF)		ove Repair Encap E	nclose
Basement	YES NO NA  Basement   YES NO NA  TS					200 L	F 🗵		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	r ID#	Cubic Yards of Waste:	10 CY		gistered Landfill	
Newark Carting, Inc.		NJ DEP #	4509				G.R.O.W.	S. North Landfi	II
Newark, NJ 04509									
						Disposal Da		City, State	בם ווו
Notes: None						07/09/201	15	100 New Ford Mi Morrisville, Pa 19	
		294	86					215-736-1700	NECTOR .
Completed by (Print or Type)		itle		-	Signature		<u>Date</u>	0045	
RAYMOND C. PEDALIN		SENIOR PI		-1	Raymond C. Per	dalino	June 29,	2015	
		//ANAGER	<						

OK 000 432

	State of New Jersey
NOTI	FICATION OF ASBESTOS ABATEMENT
(1	Pursuant to NJAC 8:60 and 12:120)
	Name of Building Owner/Operator (2)

					to NJAC 8					Al			~	<i>3</i> 4.		
Date of Notification (1) 06-27-15				Name of Rich L	Building (uhrs	Owner/C	Operator	(2)	20	15 .II	<u>: 01</u>		-	1		
Agencies Notified	Type Notification		1	Street A						- U	12-2	Alg	8	34		
EPA BEB	Initial				ishing V te, Zip Co		1.		45	BEQ	Pro-	1 11				
DEP DOL	Amended Amendment		1000		off, NJ 07					å L	ICEN	3/4	i t	CL		
DOH DCA	Emergency justification)				Contact					Tele	phone N	Numb	er er			
DCA	Cancellation			Rich L	200.700.000							50	G			
Name of Facility Where	Abatement is Takin	g Place (3	()	FACI	LITY INFO	RMATI	ION	Type	of Facility (4)							
Private Residence									School (K-12)	)						
Street Address									Subchapter 8 Other (i.e. pri	(Othe			uild	inae	home	
600 Wishing Well R	(a.			-				<u> </u>	etc.)			i olai i		@ 		
City (5) Wyckoff								Squar	e Feet	# 01	Floors		Bi	dg. A	ge	
County (6) Bergen					Code (7) USE ONLY)			Curre	nt Use (Prior	if bein	g demo	lished	)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.				tement Contr		9)					
Street Address								Addres		<u> </u>						
								7th St								
City, State, Zip Code							2.000 Page 200 care		p Code NJ 07087							saniesha.
Project Manager for Mon	itoring Firm		1	Telepho	ne No.			one No		T	License					
Start Date (10)		Schedule	ed Com	nletion I	Date (11)			216-96	IA Monitor		01206	)				
07-06-15		07-07-		ipicuoiri	Date (11)				racting LL	С						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street									
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abatem Hours	ent		_	City, S		p Code NJ 07087							
Scope of Work (Check A	II That Apply)			-			011101	., 0.1.	110 01 001							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti				-	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted (	dure						
		Is	Locati	on				1 1401	1-Exempled (	) and	14011-11	labic		Abate	ment	
Location		1	Normali d Sole	ly			scription					-	-	Ту	pe	-
Asbestos-Containing TO BE AB In Facil (13)	ATED	Ma	intenar todial S (12)	nce/		thermal surfa	taining M I systems cing, VA miscellan	s insula T, or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_		ate	0
Basem	ent	Х				VAT	-		70	0 SF	×					
										-		+				
												1				
Name of Registered Was	ste Hauler		27502	JDEP W		Cubic of Wa	Yards		Name of Re	egister	ed Land	dfill				
Delfa Contracting LL	.C		11	5240	140.	OI Wa			Tullytowr	n Res	ource	Rec	ove	ery F	acilit	у
City, State Union City NJ	8		,			Dispo:	sal Date 3-15		City, State Tullytowr	ı, PA						
Completed by Jaime Delgado		ager.		S	Signature	1	2		T	Date 06-2	7-1	5				
		1		55				/	)					Ž.,		

#### State of New Jersey Notification of Asbestos Abatement

				State of N	ew Jersey				C	K# 422	100
	2		- ,	fication of As	bestos Abatement	ECE			1	411	2
Date of Notification (1)	_				Name of Building Owner/Oper	ator (2)	i g	E.U.			
Agencies Notified	5	Notification	Type		Name of Building Owner/Oper Elmwood Park Board of Edu Street Address 60 E 53rd St	JUL -2	ÁM	8: 34			
☑ EPA □ DCA ☑ DOL ☑ DEP ☑DOH		☑ Initial No ☐ Amended ☑ Emerger justification) ☐ Cancelle	d# ncy notifi )	cation (including	City, State, Zip Code A 5 25 Elmwood Park, NJ 0740		CUH	₹TROI			
				FACILITY INF	ORMATION						
Name of Facility Where Aba Sixteenth Avenue El			(3)		Type of Facility (4)  ☑ School (K-12) ☐ Subchapter 8 (other than	K-12)					
Street Address 73 16th Ave			14.1		Other (i.e. private & commerc Sq. Feet: NA # of Floors	ial buildin	gs., ho 3ldg. A	- 63	) 1951		
City (5) Elmwood Park	County (6) Ber	gen		/ Code (7) Use Only)	- Current Use (prior if being den	nolished):					
Name of Monitoring Firm Hi	ired by Bldg	. Owner (8)	ASCM	No.	Name of Contractor (9)						
					Panoramic Window & Door S	Systems I	Inc.				
Street Address					Street Address 712 Sergeantsville Road						
City, State, Zip Code					City State, ZipCode Stockton, NJ 08559						
Project Manager for Monitor	ring Firm	Telephone I	Number		Telephone Number P (732)926-0900		Licens 0123	se Numbe 7	er		
Scheduled Start Date (10) 07/06/15		Scheduled ( 08/25/15	Completi	on Date (11)	Name of OSHA Monitor IAQ GURU LLC						
Occupancy Status During A  Facility Closed/Vacated I  Abatement Performed Out Describe	During Entir	e Period of A	batemen	t	Street Address 87 Main Street City, State, Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
☑Other – Describe: M-F 7:	00 – 3:30				Lincoln Park, NJ 07035						
Source of Work (Check all t	hat apply)										_
≥ 3 sf or ≥ 3 lf <b>※ ≥ 160 sf o</b> ı	r <u>≥</u> 260 If			☑ Renovation ☐ Demoli		osure ovebag Pr Friable Pro					
Location of Asbestos- Containing Material (ACM) i Facility (13)	n Used	cation Normal Solely by t./Custodial S			sbestos Containing Material mal systems insulation, or other misc.)	Amount (Specify or LF)	Shower and	Abateme Remove R		eap Enclose	
Exterior Windows 1st floor			X -	Window Glazing	3	2120 LF	F	XX			
Exterior Windows 2 <sup>nd</sup> Floo	or		X	Window Glazing	3	2165 LF	=	XX			
Name of Reg. Waste Haule		NJDEP Was 0036057	ste Haule	er ID #	Cubic Yards of Waste		Chrin I	of Regist Landfill			
						oosal Dat	<u>te</u>		ty, State lentown		
Completed by (Print or Type Mark M Jovic	<u>e)</u>	<u>Title</u> Consultant		,	Signature		<u>Date</u>	6-3	0 -	15	

#### Check#2224

## State of New Jersey

State of New Jersey		
NOTIFICATION OF ASBESTOS ABATEMENT		
(Pursuant to NJAC 8:60 and 5:16)	h	

Date of Notification (1)					Name	of Building	Owner/	Operator (2	2)					-5725=	
	29 / _		-	I	Diana	Pohl				24	15 JUL -2 K	Eze			
Agencies Notified	Type Notificat	tion			Street	Address				.5		m E:	43		1
⊠ EPA	☑ Initial			4	12 Stil	es Avenu	е				é Licey :		·		
☑ DOLWD ☑ DHSS	Amended Amendme				City, S	tate, Zip C	ode				a Linfair	18 1/1	10		
DCA	Emergence		dina	1	Morris	Plains, N	IJ 0795	0					14		
(NJAC 5:23-8)	justificatio	n)	unig			of Contact		-70	11/2/2011		Telephone Num	ber			
	Cancellati	on		I	Diana	Pohl									
					FAC	CILITY IN	FORMA	ATION			***************************************	15			
Name of Facility Where A	batement is Ta	aking Pl	lace (	3)					Туре	of Facility (	4)				
Private house										ichool (K-12					
Street Address											(Other than K-1 2		121		
42 Stiles Avenue										nomes, etc.)	rivate and comme	rcial bu	laing	S,	
City (5)										are Feet	# of Floors	Bio	ig. A	16	
Morris Plains, NJ 0795	0								oqu.	2101001			9		
County (6)	0				Count	y Code (7) (	STATE /	ISE ONLY)	Curr	ent Use (Pri	or if being demoli	shed)			-
					Oodin	., 0000 (1) (	01/112	OL ONET	Odii	011000 (111	or it boing defined	onou			
Morris Name of Monitoring Firm	Hired by Build	lina Owr	ner (8	1 /	ASCMI	No	Nome	of Abatama	nt Co	ontractor (9)					
reame of Monitoring Firm	Tilled by Balla	ing Own	101 (0	'	43CIVI I	NO.			in GC	milaciói (9)					
Street Address								h LLC Address							
Oli ect Address									202						
City, State, Zip Code								alley Rd # tate, Zip Co							
Oity, Otate, Zip Oode															
Project Manager for Moni	itorina Eirm			Tolor	ohone I	No		, NJ 0747 one No.	U		License No.				
Project Manager for Motif	itoring r iini			i ele	Dilone	NU.	0.0000000000000000000000000000000000000								
Ot-+ D-+- (40)	1.0	N-111	10	1-4		t- (4.4)		8-1777			01127				
Start Date (10)		Schedule 07					Name	of OSHA N	ionito	ır					
					_ / -	13		vision Co	nsult	tants,Inc					
Occupancy Status During			_				Street	Address							
▼ Facility Closed/Vacate     □ Ab attacks at Desfaces at the state of the sta										d, Bldg .# :	35E				
Abatement Performed Time of Abatement:	AM-	ormai Fa PM/	acility	PM	s - Des	Cribe AM	City, S	tate, Zip Co	ode						
Value 50, 1127 × 5 257 2 10 257 2 10 257 2						, (IVI	Fair La	awn, NJ 0						27213	
Scope of Work (Check all	that apply)										ation with negativ	e press	ure		
▼ >3 sf or >3 If		X	Ren	ovatio	on		A	Mini-Enc	losure	٠ .	gative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf				nolitio				Gloveba	g Pro	cedure 🔲	Tent with Negativ	e Press	ure		
						-		Non-Exe	mpte	d (*) and No	n-Friable Procedu	ure	1		
Towns to	ocen <b>a</b> o			_ocati ormal			120	on the second of the second				Ab	atem	ent Ty	ype
Location Asbestos-Containing		1		Sole		Asha		escription c itaining Ma		(ACM)	Amount	R	R	E	田田
TO BE ABA				ntena				al systems			(Specify	Removal	Repair	cap	Clos
IN Facili	ty		Custo	idial 8 (12)	Staff?			acing, VAT			SIF or LF)	ova	=	Encapsulate	Enclosure
(13)				2000		-	other	miscellane	ous)					ate	
			Yes	No	N/A							-			
Attic		Į.		L	$\boxtimes$	Vermicu	lite ins	sulation			1,000 SF				
	П								П	П					
		L		Ц					lit-				Ш		Ш
Name of Registered Was	te Hauler			NJE	EP Waste	e Hauler ID No.	Cubic Y	ards of Wast	te Na	ame of Regis	stered Landfill				
Gr Tech LLC				0	03378	35	TE			R.R.F. Inc					
City, State							Dispos	al Date	Cit	ty, State					
Wayne, NJ 07470							TE	BD	Tu	llytown, P.	A				
Completed By (Print or T	ype)	Title					S	ignature	1			ate			
N.Jevtic		Owne	r					*	1.1.	c Wena	-	6/29/20	15		
ACD 41		Owne	1						eur	wena	00	014714	113		

Date of Notification (1) 06/29/2015					Building C ENITY (			(2)						14	
Agencies Notified Type	Notification			Street Ac	idress D MILK	RD.					FIE .	ili.	-2	Eis	0
DEP .	Initial Amended Amendment	#		City, Stat	e, Zip Coo	de	NJ 0	7417	7		A (1)	- 100 - 101 - 101		F 114 A	n: 1
	Emergency ( justification)			Name of		IXLO.	140. 0	1 - 1 1		Tele	ephone Num	ber	i Ne	1111	100
	Cancellation			PO DESTRUCTO DE CONTRESE D	CHIAR					80.	۷ 55.		Si ilitati		
Name of Facility Where Abaten	nent is Takin	g Place (3)		FACIL	LITY INFO	RMATI	ON	Тур	e of Facility (4	1)			-		
774.									School (K-12						
Street Address OLD MILK. RD.								×	Subchapter Other (i.e. p etc.)				lings,	home	es,
City (5) FRANKLIN LAKES. NJ.								Squ 164	are Feet	# of	Floors		dg. A 49	ge	
County (6) BERGEN		3		County C	Code (7) ISE ONLY)		_	Cur	rent Use (Pric	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired N/A	by Building	Owner (8)		ASCM	l No.				oatement Con V QUALITY						
Street Address				1			Street 22 V		ess ORDEN PL						
City, State, Zip Code									Zip Code NSACK. No	J. 07	601				
Project Manager for Monitoring	Firm			Telephor	ne No.		Teleph 201-		No. -4270		License No.	0.			
Start Date (10) 07/08/2015		Schedule		npletion [	Date (11)				SHA Monitor -PROBE. L	AB. I	NC.				
Occupancy Status During Abat	ement (Ched	k Only On	e)				Street								
Facility Closed/Vacated D							77.0-452.00		ERTÝ ST.						
Abatement Performed Ou Other – Describe:	tside of Norr	nai Facility	Hours				4 CENTER		Zip Code HEN. NJ. (	08840	)				
Scope of Work (Check All That	Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emolit				-		Full Containme Mini-Enclosure Blovebag Prod Non-Exempted	e cedure				ρ	
		le	Locati	on					VOII-EXEMPLE	1 ( ) an	d reon-i nab	T	Abate	emen	t
Location of		l N	lormal d Sole	ly			scription						Ту	ре	_
Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Ma	intenal odial S (12)	nce/		thermal surfa		ns insi AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
Kitchen & Basement Lo	wer level		X		Lin	oleum	&Vat	Floo	r Tile	43	30 SQ	X			_
Name of Contract 111				IJDEP W	lasta	I CL!	Yards		hlama of	Dogist	ered Landfill				
Name of Registered Waste Ha TRI. STATE. ASSOC. IN			F	lauler ID 991		of Wa	ste		0.0000000000000000000000000000000000000	•	NTERPRI		NC.		
City, State BRONX, NY.				Dispo TBE	sal Date	е	City, Stat		IRG. OHIO	)					
Completed by CARLOS ESQUIVEL	AGE	R			Signatur		mulp	ref	////	ate 5/29/2	2015				
ASB-41 (R-06-08)						/	* 96 n	not us	e this form for	asbes	stos licensur	e exer	npted	activ	ities.

RECEIVED

Date of Notification (1) 6/23/15					Building ( erman l		perator	(2)	28	15 JL	11 -2 "		Paul .		
Agencies Notified	Type Notification		1.8	Street Ad PO Bo					AS	81.	Ton	if 8	48		
× EPA × DEP × DOL	Amended Amendment				te, Zip Co NJ 070					& L	ICENSII	MG F	POL.		
▼ DOH DCA	justification)  Cancellation		1.6	Name of Wilson						Tel	ephone Nun	nber			
			-	FACIL	ITY INFO	RMATI	ON	V		1			-1111		
Name of Facility Where House	Abatement is Takin	g Place (3)							of Facility (4 School (K-12	2)					
Street Address 78 Sherman Street								×	Subchapter ( Other (i.e. pretc.)				dings,	home	es,
City (5) Passaic								Squa N/A	re Feet	# o N//	f Floors		ldg. A	ge	
County (6) Passaic				County C	Code (7) ISE ONLY)			Curre	nt Use (Prio se	r if bei	ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Cont		(9)				
Street Address				1				Addres	ss gren Aven	ue					
City, State, Zip Code							City, S	State, Z	ip Code J 07512						
Project Manager for Mon		T	Telephor	ne No.		Telepi	none N 345-8	0.		License N #00675	0.				
Start Date (10) 7/07/15		Scheduled	Con	npletion [	Date (11)				HA Monitor ement, Inc	D.		94			
Occupancy Status Durin			0.000	100			Street	Addres							
	cated During Entire ned Outside of Norr Occupied						City, S	State, Z	ip Code	ue		-5-43			
Scope of Work (Check A							1000	wa, N	IJ 07512				-		2018)
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	ы тпас Арріу)	-	nova molit				>	Mir Glo	Il Containme ni-Enclosure ovebag Proc	edure				23	
		T		rese				J NO	n-Exempted	( ) an	d Non-Friad	T PIC	20070-000	e ement	
Locatio	n of		ocati rmai			De							1550	ре	
Asbestos-Containing TO BE AB In Fact (13)	Material (ACM)  ATED  ility	-	tenar dial S (12)	nce/ Staff?		tos Cont thermal surfa		Material s insula AT, or		(3	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ont	Yes	No	N/A		nino	insula	tion		1	40 I E	v			
Dasem		^			pipe	Insula	ulon		- 1	40 LF	X				
8:									0						
Name of Registered Wa	eta Haular		LN	JDEP W	lasta	Cubia	Vorde		Name of F	Dogist	rod Landfill				
D&S Abatement, Inc			Н	lauler ID 20996		of Wa	Yards ste				ered Landfill gement o				
City, State Totowa, NJ				Dispo: TBD	sal Date	)	City, State Tullytow		Ą						
Completed by Deanna Brkusanin	Title Projec	t Ma	anager		S	Signation	lau	ua R	llu	alin 6/	ite 23/1:	5			

MU 9800313224

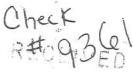
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

The control of the co

Date of Notification (1) 6/23/15				Name of Teresa	Building C Hiner	)wner/O	perator	(2)		#15	1111 0	3			
Agencies Notified	Type Notification		198	Street Ad		20				- B1 G	JUL -2	AH	8: 8	19	
X EPA	× Initial				ow Stree	#10F0			أق	SAI		S	7	7.	
× DEP × DOL	Amended Amendment		100		te, Zip Coo lidge, NJ		8			ê.	LICEN	SIH	GRE	<i>)</i> [	
☑ DOH DCA	justification)  Cancellation	**************************************		Name of Teresa	Contact Hiner					# N-	enhone Num				
				FACIL	ITY INFO	RMATI	ON			1					
Name of Facility Where House	Abatement is Takin	g Place (3)						Тур	e of Facility (4) School (K-12						
Street Address 63 Willow Street								×	Subchapter 8 Other (i.e. pri etc.)				lings,	home	s,
City (5) Glen Ridge		ŭ .						Squ N/A	are Feet	# of N/A	Floors		ldg. A	ge	
County (6) Essex				County (	Code (7) ISE ONLY)			25/27/25/25	rent Use (Prior USE	if bei	ng demolishe	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				atement Cont		(9)				
Street Address							Street 11 R		ess ngren Aven	ue					
City, State, Zip Code							City, S	State,	Zip Code NJ 07512	(38) 					- 35
Project Manager for Mon	nitoring Firm			Telephor	ne No.		Telepi	hone			License No	),			
Start Date (10) 7/06/15			npletion I	Date (11)		Name	of OS	SHA Monitor atement, Inc							
Occupancy Status Durin	ng Abatement (Che	7/07/15 k Only On	3				Street		and the state of the state of the state of						
Facility Closed/Vac	cated During Entire	Period of A	baten	nent			11 R	lose	ngren Aven	ue					
Abatement Perform  Other – Describe:	ned Outside of Norr Occupied	nal Facility	Hours	3		_			Zip Code NJ 07512						
Scope of Work (Check A	All That Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				2	Y N	full Containme fini-Enclosure Blovebag Proce	edure	873				
		1.	Lagati						Ion-Exempted	( ) an	Q NOH-FIIADI	PIO		ement	
Locatio	n of	N	Locati Iormal	lly		De	scription	n of					Ту	ре	
Asbestos-Containing	g Material (ACM)		d Sole			os Con	taining I	Mater	ial (ACM)		mount	77		Ē	ш
TO BE AE		Cust	odial 9 (12)	Staff?	(i.e.	surfa	system cing, VA	AT, or	3		Specify For LF)	Remova	Repair	caps	Enclosure
(13)						other r	niscella	neous	5)			oval	air	Encapsulate	sure
		Yes	No	N/A											
basem	X	-		pipe	insula	ation		/	5 LF	Х					
		_	-							2					
Name of Registered Wa	ste Hauler		I	JUEP W	l /aste	Cubic	Yards		Name of F	Registe	ered Landfill	1			
D&S Abatement, In	c.			lauler ID 20996	No.	of Wa	VALNESO				gement of	PA			
City, State Totowa, NJ				TBD	sal Date	0	City, State		4	23/236					
Completed by Deanna Brkusanin		ct Ma	anager		\$	Signatur	Mb	leeung B	flee	Da 6/2	te 23/1	5			

RECEIVED

Date of Notification (1) 06/25/15		Name of Associ	Building (	Owner/C	perator Mana	(2)	ent Colfif	ic ita							
Agencies Notified	Type Notification		-	Street Ad	ddress	. 0. 01		agomo	11000, 10	0.0.		# 8:	40		
					Broadw				1.5						
× EPA × DEP × DOL	× Initial Amended		-		te, Zip Co				- H 14	5	PENS		ÛL		
× DOL	Amendment Emergency		-	Paters	on, NJ (	7522					Y 1" .	77.3			
DOH DCA	justification)			Name of	Contact					Tele	ephone N	umber			
× DCA	Cancellation			EACH	LITY INFO	DMATI	ON			1					
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITTINEC	JKINA II	ON	Туре	of Facility (4	)					
Associates, L.P. & .	JN Managemer	nt Co., In	C.					□s	chool (K-12	2)					
Street Address								S	ubchapter 8				alia a a	h	
160 W Broadway									other (i.e. pr tc.)	ivate d	x commer	ciai buli	aings	потпе	es,
City (5)								Square	e Feet	# of	Floors	E	Bldg. A	ge	
Paterson										<u></u>					
County (6) Passaic				County (	Code (7) JSE ONLY)			Currer	nt Use (Prior	r if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		Name	of Abat	ement Cont	ractor	(9)				_
	, ,	X-7		14120200				Abater			(-)				
Street Address							Street	Addres	S						
									Street Su	ite A	4				
City, State, Zip Code							S1000 # 1500	State, Zip	o Code jen, NJ 07	7047					
Project Manager for Mon	nitoring Firm			Telephor	ne No			none No		1041	License	No			
r roject manager for mon	morning i mini		гоюрно	10 110.			293-6			01223					
Start Date (10)		Schedule		mpletion [	Date (11)				A Monitor		200 202				
07/06/15		07/16/1	-						CONSU	LTIN	G LLC				
Occupancy Status During	75/2		35					Addres	s TE EAST	SHI	TF 107				
Facility Closed/Vaci     Abatement Perform	ated During Entire	Period of A	baten	nent				State, Zip		001	12 107				
Other – Describe:	Cutolide of 14011	nair dointy	i ioui.				100 (45) (10)		07083						
Scope of Work (Check A	Il That Apply)				1122111			Socialization to the first	22.00.001.01.01.01.0000.						
≥3 sf or ≥3 lf		×R	enova	ation			×		Containme	nt with	Negative	Pressu	re		
× ≥160 sf or ≥260 lf		D	emoli	tion			×	1711111	-Enclosure vebag Proce	adura					
									-Exempted		d Non-Fria	ble Pro	cedu	е	
		ls	Locat	ion										ement	
Location			orma d Sole				scription					-	1)	pe	
Asbestos-Containing TO BE AB			ntena		Asbes	tos Cont thermal	taining N	Material	(ACM)		mount Specify	D D		En	ш
In Facil		Cust	odial ( (12)	Staff?	(	surfa	cing, VA	T, or	,		or LF)	Removal	Repair	aps	Enclosure
(13)		-		T		other r	niscellar	neous)				val	air.	Encapsulate	sure
<u>u</u>		Yes	No	N/A										\U	
1st Flo					VAT			5,1	00 SF	X					
										_					
Name of Posistared Was	sto Hauler		l N	JDEP W	lasto	Cubic	Yards		Name of R	Ogioto	rod Land	in			
Name of Registered Was	H	lauler ID		of Wa							Mele	IA			
SAN TON SERVICE	2	2430					MEDOV		ICHES (		11010	/IN			
City, State KENILWORTH, NJ						Dispos	sal Date		City, State KEARN		l.				
Completed by				S	Signature		11	_		ate	-5524-777		$\dashv$		
Bryan Parra		ct Ma	anager			(HO)	Inn)	TOURS.	0)	(	6/25/	15			



					- 8				<u> </u>					
Date of Notification (1)	6-30-	15		Name of	Building	Owner/0	Operator (2)	ne.	2015 JUL -	2 ,	411	8: 8	41	
Agencies Notified	Type Notification	.54	154	Street A	ddress	23	76	South	\$ SAUE	3 (	UN	TRI	71	
□ EPA □ DEP □ DOL	Amended Amendment #	± .	- 4	City, Sta	ite, Zip Co	ode		Plains	.62	1	70	970	0	
DOH DCA	☐ Emergency (ir justification) ☐ Cancellation	ncluding		Name of	f Contact		läne	1 1 40.50	Telephone	Numb	er			
D DCA	La Caricelladori			FACI	LITY INFO	-					•		•	-
Name of Facility Where	/	_	A	29	D	en)	0)	ype of Facility  School (K-	• /					
Street Address	45 Por		50.	Au	5	×			r 8 (Other than P private & commo		build	lings,	home	es,
City (5) Scot	1 01 .		1		0707	7(,	s	quare Feet	# of Floors			ldg. A	ige †-	
County (6)	NON	2		County (	Code (7) USE ONLY				ior if being demo		d)			
Name of Monitoring Firm		wner (8)		ASCN	No.			Abatement Co	ntractor (9)				_	
Street Address	2 2	1 -2	<b>&gt;</b>		(4 / fm	<b>.</b>	Street Ad	dress	227	91	e	,	Ln	16
City, State, Zip Code	DOX DO	7 6		00	<b>6</b> 2	2	City, State	e, Zip Code	33 F	7	A	26	2 9	9
Project Manager for Mon	ithrilg Firm	M 7	) (	Telepho	ne No.	3	Telephon	e No.	Licens	e No.	U	6	)5	5
Steve S Start Date (10)	chen Ken	Schadule			758-2 Date (11)	3365		58-330 OSHA Monitor		0(	3	14	4	
7-10-15	5	7-	17	-15			E	PC Tec	hnologia	23	T	ار		
Occupancy Status Durin Facility Closed/Vac	g Abatement (Check ated During Entire Pe	2504 	-550 	ent				) Box	337					
☐ Abatement Perform ☐ Other – Describe:		I Facility	Hours	4		_		e, Zip Code Egypt	ALT	0	85	53	3	
Scope of Work (Check A	II That Apply)							0(1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ä		lenovat emoliti				}	Mini-Enclosur Glovebag Pro	cedure				_	
		T 1-	Locatio					Non-Exemple	d (*) and Non-F	Habie			ement	
Location	n of	l N	Vormall	у		De	escription of			-		Ту	ре	
Asbestos-Containing	Material (ACM)		d Solel intenan			tos Con	taining Mate	erial (ACM)	Amount (Specify		71		En	ш
TO BE AB		Cust	odial S (12)	taff?	(1.6.	surfa	cing, VAT,	or	SF or LF)		Remova	Repair	caps	Enclosure
(13)			18 17 			other	miscellaneo	us)			val	air	Encapsulate	sure
		Yes	No	N/A	- 1		<u> </u>	-	1.122.5	_+	10			
exterior 1	Nalls			X	Sid	125	Shing	les	1400 SI	-	X			-
			_			<u>~</u>				+				
				-										
Name of Registered Was	ste Hauler		100000	JDEP W			Yards	Name of	Registered Lan	dfill				
	hnologies		H	auler ID		of Wa	6		te Manag	en	ent	0	E P	A
City, State  New E	l tavs	VJ	Ž,			-	sal Date 17 - 15	City, Star	te uisville		A			
Steve Sche	Kaa	Title	side	.+		3	Signature	2500	1	Date	:	2/1-	15	-
OFFICE SUITE	TIMEN	1116	2101	JUI			THE PARTY OF THE P		0 P	- C	-	~		

B # 19835

Date of Notification (1)					-	Mana	of Duildin	- 0	10	21	OB AT LOCK	10	5		
6 /	2 /	15				Ver	izon	7.0	ner/Operator (2	2)	2#15 1111				
Agencies Notified	Type Notifier	otion		-	-	Ctroot	Address				100F -5	AH	8: 4		
☐ EPA	Type Notifica	ation				15 I	Address East Mor	itao	merv Place.	Lower Level	SEESTOS & LICEN		O+ eş	4	
□ DOLWD		d			+	City S	State, Zip C	nde	,	==	& 110c	- 121	BO	1	
□ DHSS	Amendme					Diff	sburgh,	DA.	15212		- LILLIA	SING	110		
□ DCA	☐ Emergen		cluding	1	+		of Contac		13212						
(NJAC 5:23-8)	justification   Cancellat										Telephone Num	iber		.000	
	☐ Cancellar	1011					hony Po							******	
Name of Facility Miles of	(b. 1	- , .	Ď.	(0)		FAG	CILITY IN	IFOI	RMATION						
Name of Facility Where A		aking	Place	(3)						Type of Facility					
	,0									☐ School (K-12	2) 3 (Other than K-12	2)			
Street Address 67 Bloomfield Ave.										Other (i.e., p	rivate and comme		ilding	ıs,	
City (5)					_					homes, etc.) Square Feet	# of Floors	Di	dg. A	70	
Newark										Square reet	# 01 1 10015	Di	uy. A	ye	
County (6)					-	Cour	ity Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	lior if being demoli	shed)	102	-2.	
Essex							at tologista	1000000		Office					
Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	F	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
USA Environmenta	l Manageme	ent						E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address								Str	eet Address						
8436 Enterprise Av	е							1	1123 BEAVER	R STREET					
City, State, Zip Code						2		Cit	y, State, Zip Co	ode					
Philadelphia, PA 19	153							E	BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm			Te	elep	ohone	No.	Те	lephone No.	100	License No.				
Mark Jenkins					21	5-365	-5810	2	215-788-6040		00509				
Start Date (10)	5	Sched	uled C	omp	olet	ion Da	te (11)	Na	me of OSHA M	lonitor					
_6_ / _22_ /	_15_	7	7/	_	3	_ /	15	E	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (	Check	only o	ne)				Str	eet Address						
☐ Facility Closed/Vacate						nent		1	1123 BEAVER	R STREET					
Abatement Performed	Outside of No	ormal	Facility	у Но	ours	s - Des	cribe		y, State, Zip Co						
Time of Abatement: _	AM	PN	1/ <u>5:00</u>	PM-	- <u>1:</u>	<u>30</u> AM			BRISTOL, PA						
Scope of Work (Check all	I that apply)	_													_
										ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			Re     De						☐ Mini-Encl						
				11101	ilioi						n-Friable Procedu	ıre			
	-			Loc								Ab	atem	ent T	уре
Location				Norr		ly ly by		95	Description o			D	R	т	m
Asbestos-Containing TO BE ABA	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	1)				nce/			Containing Mag ermal systems i		Amount (Specify	em	Repair	nca	nclo
IN Facili			Cust			Staff?	(1.0		surfacing, VAT,		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)					2)	27092	-		ther miscellane					late	G.
			Yes	N	lo	N/A									
1 <sup>St</sup> Floor Mechanical	Equpment F	₹m.					Pipe Fit				48 LF				
Basement Mechanica	al Room				]		Pipe Fit	tting	js		61 LF				
Basement Mechanica	al Room				]		Tank In	sula	ation		25 SF				
Name of Registered Was	te Hauler					JDEP \			bic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	ORT GROUP	, INC	<b>:</b> .		250.00	auler II 20990		Wa	iste	MINERVA	LANDFILL				
City, State								Dis	posal Date	City, State					70-4 - T
NEW CASTLE, DE 1	9720									WAYNESB	URG, OH 4468	8			
Completed By (Print or Ty	ype)	Title			_				Signature	2 1	/ a D	ate /	/		_
Brian Scafiro		Es	stimat	tor					Dies	Sculus	Lel	6/2	6/	15	

ASB-41 MAY 11 B515050

\* Do not use this form for asbestos licensure exempted activities.

10

APPROVED : GENE SEMANSKY, NJOOH

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Na	me	of Building	a Ov	wner/Operator (	2)	5.0			- 1	i
6/	26 /	15			ı	Prin	ceton U	niv	ersity - Office	of Design an	d Construction	nUL.	-2	£ 14	0
	Type Notific	ation			St	reet	Address				<b>看见</b> 。	4.			V. 4
	☐ Initial				:	200	Elm Driv	ve				710	27	71:0	- 20
⊠ DOLWD	Amender Amendm				Cit	y, S	tate, Zip C	Code	е			4.1	115	110	hul
					1	Prin	ceton, N	110	)8544						
(NJAC 5:23-8)	justificati	ion)	oluding	9	Na	me	of Contact	t			Telephone Nu	ımber			
	☐ Cancella	tion			1	Rob	ert Orte	go			1 -				
						FAC	CILITY IN	IFO	RMATION						
Name of Facility Where At	patement is	Taking	Place	(3)						Type of Facility	(4)				
Princeton University		-								School (K-1					
Street Address										☐ Subchapter	8 (Other than K-	12)			
46 WESTERN WAY										Other (i.e., property)     homes, etc.	orivate and comn	nercial l	ouildin	gs,	
City (5)								_		Square Feet	# of Floors	1	Bldg. A	no.	
Princeton														ige	
County (6)					C	oun	ty Code (7	)(ST	ATE USE ONLY)	100	rior if being demo	olished)			
MERCER										APARTME	[230]				
Name of Monitoring Firm F		ding C	)wner	(8)	100000	CM I		1000000		ent Contractor (9	,				
ATC Associates Inc.					0	009	8		BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							a 15000CT-00	St	reet Address						
Three Terri Center									1123 BEAVE	R STREET					
City, State, Zip Code								Ci	ty, State, Zip Co	ode		A. C. S. H			
Burlington, NJ 08016	6							1	BRISTOL, PA	19007					
Project Manager for Monito	oring Firm			Te	lepho	ne N	No.	Те	elephone No.		License No.				
Michael Keehn				1	609-3	886-	-8800	1	215-788-6040		00509				
Start Date (10)	3	Sched	uled C	omp	letion	Dat	e (11)	Na	ame of OSHA N	lonitor					
6 / 26 /	15	6	3_ /	_ 2	29_	/ _	15	1	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (	Check	only	one)				St	reet Address		37				
□ Facility Closed/Vacated									1123 BEAVE	R STREET					
Abatement Performed (								Cit	ty, State, Zip Co	ode			-		
Time of Abatement: 10	:00AM- <u>10:</u> 0	<u>00</u> PM/		_PM		_AI	M		BRISTOL, PA						
Scope of Work (Check all t	hat apply)							1							
			ΔD-		**					ainment with Ne	gative Pressure				
\( \sum_{\geq} \) ≥160 sf or ≥260 lf			⊠ Re □ De						☐ Mini-Enc	osure Procedure					
									Non-Exe     Non-Exe	mpted (*) and No	on-Friable Proced	dure			
					ation							A	batem	ent T	уре
Location of		ex		Norm	ially ilely b	, l			Description o			Z	Z	Ш	ш
Asbestos-Containing M TO BE ABAT		1)	Ma	inter	ance	<i>i</i>			Containing Ma ermal systems i		Amount (Specify	Remova	Repair	nca	nclo
IN Facility			Cus		I Staf	f?	(		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		1	Yes	(12 No		/A		0	ther miscellane	ous)				late	Ф
46 WESTERN WAY			⊤es ⊠			-	DUCTIN	VSI	JLATION (WF	RAP & CUT)	120 SF			П	$\frac{1}{1}$
											120 01				
					1	1		-							
Name of Registered Waste	Hauler		Ц	14	NJDE	D //	lacta	C	bic Yards of	Name of Regis	stered Landfill		ТП		
SERVICE TRANSPOR		INC.		1.0	Haule		No.		aste		LANDFILL				
City, State		(V)			200	,,,,		Dis	sposal Date	City, State					
New Castle, DE											LLE, PA 1906	7			
Completed By (Print or Typ	e)	Title	-						Signature			Date .			
Brian Scafiro	ran Fo	55335023	stimat	tor					Brie	Sealin /		6/2	6/	15	-

NO CK

			(Pu	rsuant t	to NJAC 8:	:60 and	12:120	)		2	115 JU	11 -	9	P. B.A	0.	20
Date of Notification (1)					Building O		erator	(2)					_	1.41	Ů.	43
6/29/2015 Agencies Notified	Type Notification			Beyer Street Ad	Brothers	SGMC				Á	SACE	TO	<u>ه</u>	110	e i p	OI
			155		road Ave	)					48E	10	EN	SIA	G	UL
X EPA X DEP X DOL	Initial  Amended			90114:003 TX00	te, Zip Cod										~	
DOL	Amendment a		_	Fairvie	ew, NJ 07	7022										
<b>⊠</b> DOH	justification)	noluuling	[1]		Contact					Tele	phone N	lime	r			
DCA	Cancellation				lle Beyer						٦.		-			
Name of Facility Where	Abatement is Taking	Place (3	)	FACIL	LITY INFO	RMATIO	N	Type	of Facility (	4)						-
Structure Associate			<i>*</i> .					_	School (K-1	00.070						
Street Address									Subchapter	8 (Othe				•		
155 Broad Avenue								X	Other (i.e. petc.)	orivate 8	comme	rcial	ouild	ings,	home	es,
City (5) Fairview	<del>2012-11</del>							Squa	are Feet	# of	Floors		200	dg. A 5+	ge	
County (6)		-		County C	Code (7)			Curre	ent Use (Pri	or if beir	ng demol	lished	455			
Bergen					JSE ONLY)		_	n/a								
Name of Monitoring Firm		Owner (8)		ASCM	1 No.		Name	of Aba	atement Cor	ntractor	(9)					
Health and Safety	Services								rprises, Ir	nc.						
Street Address							Street .			220						
PO Box 365									Essex Av	/e						
City, State, Zip Code Berlin, NJ 08009							(55.9)		Zip Code NJ 0822	1						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph			· — 1	License	No.			-	
James Proctor	•				52-1311				1250		01172					
Start Date (10)	T	Schedule	ed Con	pletion [	Date (11)		Name	of OS	HA Monitor							
6/10/2015		7/13/2	2000				1,000		Safety Se	ervices	, Inc.					
Occupancy Status Durin	g Abatement (Chec	k Only Or	ie)				Street									
	ated During Entire F ned Outside of Norm					-	PO E		Zip Code							
Other – Describe:		iai Facility	Hours			_			J 08009							
Scope of Work (Check A	II That Apply)			8												
≥3 sf or ≥3 lf			Renova				×	7 '	ıll Containm		Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf		$\times$	emolit	on			X	Mi	ini-Enclosur							
	- E						X	No	on-Exempte		d Non-Fr	iable		1000		
		1000	Locati										10	Abate Ty	ment pe	
Location			Normal d Sole				cription		1/4014		22.27.024	-		.,		
Asbestos-Containing TO BE AB		Ma	intenar todial S	nce/		os Conta thermal s			al (ACM) lation,		mount Specify		Re	Z	Enca	5
In Faci (13)		Cus	(12)	otali!		surfaci other m	ing, VA		)	SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		00101111	loodilai	,oodo,	/ / / / / / / / / / / / / / / / / / /				a	-	late	ıre
Windo	WS			Х		Wind	ow Ca	aulk		17 V	Vindow	s	Х			
Basem	ent			X			Pipe			6	0 LF		X			
Roo	f			Х		Roo	fing T	ïle		4,0	000 SF		Х			
Through	hout			Х		Fire	e Dooi	rs		4	Doors		Х			
Name of Registered Wa			100	JDEP W		Cubic Y			Name of	Registe	ered Land	dfill				-
Site Enterprises Inc			580	auler ID 035220	3 (5)	of Was 20 cy			Tullyto	wn La	ndfill					
City, State	1976 - 60. D0725-7-17					Dispos			City, Sta			7550				
211 East Essex Ave	e. Linwood, NJ					7/13/2	2015		Bristol	, PA						
Completed by		Title				Col	gnature	1	520			Date 6/2		015		
Eric Keys		OM				2	11	10	W			0/2	312	110		



			(P	ursuant	to NJAC	8:60 and	1 12:12	0)			2615 .11	20	F 3	4 0	
Date of Notification (1) 6/29/2015					of Building r Brother			(2)		£	1615 JU	Tare	1-26	<del>1 8:</del>	39
Agencies Notified	Type Notification			Street A							SRES & L	ICE	U.U	N/F	ROL
EPA DEP DOL	Initial		-	102024 53	Broad Av							IUEP	(3)	∜G_	
DEP DOL	Amended Amendmen	t # <u>2</u>	_		ew, NJ (										
□ DOH	Emergency justification		_		f Contact	0,022				Tel	ephone Ni	ımher			
DCA	Cancellation			Miche	elle Beye	er				1					
N (5 29 140				FAC	ILITY INFO	ORMATIO	ON								
Name of Facility Where Structure Associate			l.					Туре	of Facility	(4)					
Street Address	ed with houte	αθ							School (K-		or than K	12)			
155 Broad Avenue								X	Other (i.e. ) etc.)	private a	& commerc	ial buil	dings	, hom	es,
City (5) Fairview								Squa	re Feet	# 0	Floors		31dg. / 25+	Age	
County (6)					Code (7) USE ONLY	1		750	ent Use (Pri	or if bei	ng demolis	shed)			
Bergen	TE	0 (0)						n/a				355			
Name of Monitoring Firm Health and Safety		Owner (8)		ASC	И No.				rprises, Ir		(9)				
Street Address	Dervices						Street			IC.			-		
PO Box 365									Essex Av	/e					
City, State, Zip Code									Zip Code						
Berlin, NJ 08009									NJ 0822	1					
Project Manager for Mon	itoring Firm			Telepho			Teleph	none N	lo.		License I	Vo.			
James Proctor				202000	52-1311		100000000000000000000000000000000000000	567-	Marca State		01172				
Start Date (10) 6/10/2015		7/13/20		pletion	Date (11)				HA Monitor		Tara .				
Occupancy Status During	Abatement (Che	51/51/2/2007/2007					Street		Safety Se	ervices	s, inc.		_		
	3 W	1,570	50					Box 3							
Facility Closed/Vaca Abatement Perform	ed Outside of Norr					-			ip Code						
Other - Describe:	Vacant					_			08009						
Scope of Work (Check A	ll That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		_	enova	70.70			×		II Containm		Negative	Pressu	re		
∑ 2100 St 01 2200 II			emolit	ion			×	/	ni-Enclosure ovebag Pro						
			-				<u> </u>	⊴ No	n-Exempte	d (*) and	d Non-Fria	ble Pro			.0
			_ocati ormali											ement rpe	t
Location Asbestos-Containing		Used	Sole	ly by	Asbes	Des tos Conta	cription		I (ACM)	Д	mount				
TO BE AB	ATED '	100000000000000000000000000000000000000	ntenar odial S			thermal:	system:	s insul		(S	pecify	Re	Z.	inca	Enc
In Facil (13)	ity		(12)			other m	ing, VA iscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>n</u>	7	ate	re
Baseme	ent			X		Flo	oor Til	ρ		25	50 SF	X			
Daoonii	0111	1				1 10	201 111				70 01	A			$\vdash$
			-									-			
			-75									-			
Name of Registered Was	to Hauler		LN	JDEP W	lasta	Cubic	Vordo		Nome of	Dogisto	red Landfi		L		Щ
Site Enterprises Inc.			1000	auler ID		of Was						II.			
			0	035220	0	20 cy			Tullyto	-11.000	naill				
City, State 211 East Essex Ave	Linwood N.I.	N8221				7/13/2	al Date		City, Stat Bristol,						
Completed by	. Lillwood, 140	Title					gnature	,	וואוטו,	ГM	n	ate		-	
Eric Keys		OM				C	7 1	V	۸. ۵		1 68	3/29/2	015		
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100		2. 6	100	1	0	- mag	
						Marie	

Date of Notification (1)						Owner / Operato	r (2)	2815 11		90.2			
6/8/15					ldwell	BOE		eld JU	L -2 <sub>K</sub>	14 0.	, ,		
Agencies Notified Type Notified EPA	cation			Add				£ 17 m		110.	42		
	al				d Aver			SDE?	700	A			
	ai ended R#2-6/26/1:				& Zip (			EL	TUS UC ICEMSI	MIK	QL		
	ergency				ontact	NJ 07006			- / - L/ /	¥U .			
	cellation				iel Ha	ile			[1]	elepho	ne n		er
											. 44	υü	
Name of Equility Where Abster	and in Tables Dis	(0)	FAC		TY INF	ORMATION		1775-2			55.05-		
Name of Facility Where Abatem Gould Mountain School	ient is Taking Plac	ce (3)				Type of Facili							
Street Address				_		School (F			v.				
132 Gould Avenue							ter 8 (Other ti						
102 Godia Aveilae						Square Feet	e. private & co					ic.)	
City (5)	County (6)	Coun	tv C	odo	(7)		State (1975)	oors	Bit	dg. Ag			
North Caldwell	Essex	Cour	ity C	oue	(1)	70,000		1			50+		
North Caldwell	ESSEX					Current Use ( School	Prior it being	aemolisr	ied)				
Name of Monitoring Firm Hired	hy Building Owner	(0)		I A C	CM No.			1 (0)					
Environmental Connection		(0)		ASI	CIVI INO.	Name of Abat Bristol Envi							
Street Address				1		Street Addres		IIIC.					
120 North Warren Street						1123 Beave	_						
City, State & Zip Code						City, State & 2							
Trenton, NJ 08010						Bristol, PA							
Project Manager for Monitoring	Firm T	elepho	one	Num	ber	Telephone Nu		Li	icense Nu	mber			
Rollie Jones	6	09-39	2-4	200		(215)788-60	40	0	0509				
Scheduled Start Date (10)	Scheduled Comp	letion	Date	e (11	)	Name of OSH	IA Monitor	·					
6/22/15		7/1/15	5			Bristol Envi		lnc.					
Occupancy Status During Abate	ment (Check only	one)				Street Addres							
Facility Closed/Vacated						1123 Beave							
Abatement Performed C Describe:	utside of Normal	Hours	5 – 7	am t	o 3pm	City, State & Z							
Facility Occupied During	Abatamant					Bristol, PA	19007						
Scope of Work (Check all that a													
	PP.))							ntainmer	nt with Ne	gative	Pres	sure	
≥3 sf or ≥3 lf		⊠ F	Reno	ovatio	on			nclosure		5		00.0	
≥160 sf ≥260 lf	Γ		Dem	olitio	n		Glove I	Bag Proc	edures				
									and Non-l	riable	Prod	edu	re
Location of		Is Lo				Description		An	nount	Aba	teme	nt T	уре
Asbestos-Containir	ig N	lormal				Asbestos-Cont			pecify				
Material (ACM) TO BE ABATED	N	Sole lainter				Material (AC (i.e., thermal sy		SF	or LF)	D	_	E	Ш
in Facility		ustodi			i	nsulation, surfaci				Remova	Repair	aps	icks
(13)	3000		2)			or other miscella				oval	ar.	Encapsulate	Enclsoure
The state of the s	Y	es N	lo	N/A								é	(D
Art Room					1	on Friable Glu	ue Dots	80	0 SF		П	П	П
Art Storage Room			3			Glue Dot	s	-	0 SF			Ħ	Ħ
Art Storage Room						Ceiling Til	es		0 SF		П	Ħ	Ī
							Ti-				T	Ħ	
							V						
Name of Registered Waste Haul	er						Name of Reg	gistered L	andfill				
Complete Transport Inc.					200030000000000000000000000000000000000	of Waste							
Service Transport Inc.			209	90			Minerva La	ndfill					
City, State New Castle, DE							City, State	611					
		1.	7				Waynesbu	rg, OH					
Completed By (Print or Type)		- 1	Title			Signature	7 .	1.	2	Date	. /	,	
Gino Pizzigoni			The state of the s	ject	- 1	Gino P	MARIANI	: / K		6/	26/	15	8
			iviar	nage	:[	Marie 17	10 1	11		1	1'		

No	DTIFICA	OITA	N OF	ASB	ESTOS A	BATEME	NT	4			
					. 8:60 and		·	7:	4 ;	10.0	٠.,
Date of Notification (1)		Name	of Build	lina O	wner / Operat	1 (0)	9875	UL -2		1,	17
6/8/15	85	North	Caldw	vell B	When / Operation	(2)	reld .	<sup>JUL</sup> -2	f.	ta -	
Agencies Notified Type Notification		110000000000000000000000000000000000000	Address				# S F (1)	O 44	-5	7 8	:42
DEP   Initial			tate & Z				ر في	11/15	0,0		
□ DOL □ Amended R#1	6/22/15				oe NJ 07006		- 1	-4 EN	3/16	115	CL
			of Conta		10 07000			Teleph	one	Nun	abor
☐ DCA ☐ Cancellation		Mr. M	ichael	Halik	(			relepii	OHIC	Null	ibei
N (5 10)		FAC	ILITY	INFO	RMATION			1			
Name of Facility Where Abatement is Taki Gould Mountain School	ng Place (	(3)			Type of Faci	ility (4)					
Street Address					School Subcha		er than K-12)				
132 Gould Avenue					Other (i	.e. private &	commercial buildi	nas hor	200	oto '	<b>\</b>
					Square Feet			Bldg. Ag		elC.	)
City (5) County (6	S) Co	ounty C	ode (7)		70,00	Sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Diag. / is	50	+	
North Caldwell Essex					Current Use	(Prior if bei	ng demolished)		-		
N					School						
Name of Monitoring Firm Hired by Building Environmental Connection	Owner (8)	)	ASCM	No.	Name of Aba						
Street Address					Bristol Env Street Addre		al, Inc.				
120 North Warren Street					1123 Beave						
City, State & Zip Code					City, State &						
Trenton, NJ 08010					Bristol, PA	19007					
Project Manager for Monitoring Firm Rollie Jones			Number		Telephone N		License !	Vumber			
Scheduled Start Date (10) Scheduled		392-42		7,000	(215)788-60 Name of OSI		00509				
6/22/15	6/26		(11)		Bristol Env		al Inc.				
Occupancy Status During Abatement (Che	ck only on	e)			Street Addre						
Facility Closed/Vacated During Ent					1123 Beave						
Abatement Performed Outside of N Describe:	ormal Ho	urs – 7	am to 3p	om	City, State &						
Facility Occupied During Abatemen	t				Bristol, PA	19007					
Scope of Work (Check all that apply)							10				
	85-50					Full	Containment with N	legative	Pre	SSUT	е
≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf	$\boxtimes$		vation			Mini-	-Enclosure				
≥160 sf ≥260 lf		Demo	olition				e Bag Procedures				
Location of	Isl	Locatio	n		Description		Exempted and Nor Amount				
Asbestos-Containing	Norn	nally Us	sed	A	Asbestos-Con		(Specify	ADa	item	ent I	Гуре
Material (ACM) TO BE ABATED		olely by			Material (A)	CM)	SF or LF)	1 -		m	m
in Facility		tenance odial Sta	50.90 <del>.7000</del> 1111		i.e., thermal signal and a signal sig			Rem	Repair	cap	ncls
(13)		(12)			other miscella			Removal	oair	Encapsulate	Enclsoure
	Yes		N/A		14 1.00					te	0
Art Room				No	n Friable GI		800 SF				
Art Storage Room	-		4		Glue Dot		300 SF	$\boxtimes$			
Art Storage Room	$\dashv \exists \vdash$		$\dashv \vdash$		Ceiling Ti	les	300 SF		Ц	Ц	
	$\dashv \exists \vdash$	HH					-	ᆜᅛ	片	ዙ	H
	一百十	HH	$\dashv \vdash$					᠆ᡰᡰᡰ	H	H	H
Name of Registered Waste Hauler					bic Yards	Name of R	egistered Landfill				
Sanvica Transport Inc		000000000000000000000000000000000000000	er ID No	27 J 0252	Waste						
Service Transport Inc.  Dity, State		2099	U	_	Cu yd	Minerva L	_andfill				
New Castle, DE					sposal Date 26/15	City, State Waynesb	ura OH				
Completed By (Print or Type)		Title			nature	- TruyilesD	arg, orr	Date			
Sino Pizzigoni		Proje	ect	0.9	el. L	) ~	- /	2 /	2	1/1	14
		Man		X	sens 1	ygigo.	ui/il	0/	12	1/10	

PP 15055

JAN 13

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

110		N	ITC				BESTOS ABAT AC 8:60 and 5:1			1700	· .		
Date of Notification (1)  6 /	4 /	15			10000000000		g Owner/Operator (	2) [1]	18 JUL -2 1		100		
Agencies Notified  ⊠ EPA  ⊠ DOLWD	Type Notifica  Initial  Amended				15	t Address  MONTGO  State, Zip (	OMERY PLACE	र्ग क	A Line	111 B	54		
⊠ DOH	Amendme		-0.50				GH, PA 15212		7.7-14.71	NG .	0.5		
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		aing			of Contac			Telephone Num	ber			
,	Cancellati	2000			AL	EX BAYL	.OR			48			
					FA	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking P	lace	(3)		0,2,111111	ii Oranizi Tore	Type of Facility (	4)				
VERIZON CRANFO		J						School (K-12)	2010				
Street Address								☐ Subchapter 8	(Other than K-12		120101		
34 ALDEN STREET								Other (i.e., pri	ivate and comme	ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
CRANFORD, NJ 07	016							- 1000 to 1000			,	5	
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demoli	shed)			
UNION								COMMUNICA	ATIONS				
Name of Monitoring Firm	Hired by Buildi	ing Owr	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)		2000000			
USA ENVIRONMEN	ITAL INC						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
8436 ENTERPRISE	AVENUE						1123 BEAVE	R STREET					
City, State, Zip Code			11-11-00-1				City, State, Zip Co	ode					
PHILADELPHIA, PA							BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm				phone		Telephone No.	pi pi	License No.				
MARK JENKINS					15-365		215-788-6040		00509				
Start Date (10)		chedule		(S)		27 37 3	Name of OSHA M	lonitor	Waster Programme				
6/18/					/ .	15	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate						220	1123 BEAVER	RSTREET					
Abatement Performed Time of Abatement: _						scribe	City, State, Zip Co						
					.00/ (10)		BRISTOL, PA	19007					
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	I that apply)			novati			☐ Mini-Encl			ıre			
0.0000000000000000000000000000000000000	accepts			Locat						.Ab	atem	ent T	уре
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM)		Jsec Mai	ntena	ely by		Description of stos Containing Mar , thermal systems in surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Y	es	No	N/A							e	
BASE. VENTILATING	EQUIP. ROC	OM 🗵	]			VAT/MA	ASTIC		410 SF				
BASE, BLDG, DEPT.	STORAGE		1			VAT/MA	STIC		260 SF				
BASE. AIR DRYER AF	REA		1			VAT/MA	STIC		65 SF				
Name of Registered Wast	1155	INC		13370	JDEP \	574 255	Cubic Yards of Waste	Name of Registe					
City, State NEW CASTLE, DE					20990	)	Disposal Date	City, State				-	
	(ma)	T:41-						WAYNESBL					
Completed By (Print or Ty PATRICK T. DeCAR		Title ESTI	MA	TOR			Signature	D. DeCou	/ pl Da	te 6	26	/14	5
ASB-41									1	7-1-1			

\* Do not use this form for asbestos licensure exempted activities.

PICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			000.0	l NI===	( D . 11-11	_			113 114				
6 / 4 /	15						wner/Operator	(2) <b>VS</b>	THE JUL -Z I	H 8	F: 4.	1	
Agencies Notified  ☐ EPA 542 ☐ ☐ Initial  ☐ DOLWD 5469 ☐ Amende				100000000000000000000000000000000000000	et Address MONTG		ERY PLACE		& LICENST				
				City,	State, Zip	Cod	e						
DOH 5445 Amendr □ DCA □ Emerge							PA 15212						
(NJAC 5:23-8) justifica		Cidding		-	e of Conta				Telephone Num	ber			
☐ Cancelli	ation			AL	EX BAY	LOR	R		001	19			
Name of Facility Where Above		-		FA	CILITY	NFC	RMATION						
Name of Facility Where Abatement is VERIZON CRANFORD CO	laking	Place	(3)					Type of Facility	, , ,				
Street Address								School (K-1	2) 8 (Other than K-12	)			
34 ALDEN STREET								Other (i.e., homes, etc	private and commer	cial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	\ge	
CRANFORD, NJ 07016													
County (6) UNION				Cou	nty Code (	(7)(ST	ATE USE ONLY)	Communic	rior if being demolis	hed)			
Name of Monitoring Firm Hired by Bui	ilding O	wner (	8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9		_		_	
USA ENVIRONMENTAL INC								VIRONMENTA					
Street Address						_	reet Address				-		
8436 ENTERPRISE AVENUE							1123 BEAVE	R STREET					
City, State, Zip Code					-	Ci	ty, State, Zip Co	ode					
PHILADELPHIA, PA 19153							BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	lephone	No.	Te	elephone No.		License No.				
MARK JENKINS			100	215-365			215-788-6040	ľ.	00509				
1				etion Da	50.50 miles	11000	ame of OSHA M						
6 / 18 / 15				.6_ /	15_			VIRONMENTA	L, INC.				
Occupancy Status During Abatement (  Facility Closed/Vacated During Ent						10333	reet Address						
□ Pacinty closed/vacated burning Ent     □ Abatement Performed Outside of N					scribe		1123 BEAVER						
Time of Abatement:AM	PM	/ <u>5:00</u> F	PM-1	1:30 <sub>AM</sub>	SCIDE		ty, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)							⊠ Full Cont	ainment with Ne	gotive Pressure	=====		-	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Rer □ Der					☐ Mini-Encl	osure Procedure	on-Friable Procedure	20			
		ls	Loca	ition	Г		□ IVOII-EXE	ripted ( ) and No	II-FIIable Procedur	1	-4		one en o
Location of			orma				Description of	f		-		ent T	
Asbestos-Containing Material (ACN TO BE ABATED	/I)			lely by ance/			Containing Mat ermal systems in		Amount	Rem	Repair	Enc	Enc
IN Facility		Custo		Staff?	(1.6	:., LITE	surfacing, VAT,	or	(Specify SF or LF)	Removal	air	apsi	Enclosure
(13)	-	Yes	(12) No		1		her miscellaned			-		Encapsulate	ге
BASE. VENTILATING EQUIP. RO	MO				VAT/MA	AST	IC		410 SF				
BASE. BLDG. DEPT. STORAGE					VAT/MA	ASTI	IC		260 SF				
BASE. AIR DRYER AREA		$\boxtimes$			VAT/MA	ASTI	C		65 SF				
										П	П	П	П
Name of Registered Waste Hauler			1 2	NJDEP V		Cut	oic Yards of	Name of Regis	stered Landfill				_
SERVICE TRANPSORT GROUP	INC		F	lauler ID 20990		Wa	ste	MINERVA	LANDFILL				
City, State	100					Dis	posal Date	City, State					
NEW CASTLE, DE								WAYNESB	URG, OH				
Completed By (Print or Type)	Title						Signature	5 0	, Date	е,			_
PATRICK T. DeCARO	ES.	TIMA	TOR	<u> </u>			Patric	L D.D	Cowfil 6	14	115		

ASB-41 JAN 13 PN 15055 NO CK

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

#305 N/ 40

Date of Notification (1) 06/16/15 Month/Day/Year			Name of Cooper U	Building Owne University Hosp	r/Operate ital	or (2)	-2 A	Section 1	ŢĢ.	
Agency Notified  X EPA  X DEP	17.000.000	cation	City, Sta	per Plaza ite, Zip Code		<i>*</i>				
X DCA X DOH	X Amend Notifi Cancel	cation	Name of Mark Ell			Te	elephone N	umber		
	Califer	ганоп		ITY INFORMA	TION					
Name of Facility Where Abate Cooper Hospital- Kelemen Bld Street Address One Cooper Plaza	ment is Taking Pl	ace (3)				Type of Facility (4 School (1) Subchapte x Other (i. e	K12) r 8 (Other	& comm	K12) ercial	
City (5) Camden	County	(6)		County Code (STATE USE ON)		50,000 Current Use (Prior	of Floors  4 if being de	Bldg. 6 molishe	0	
Name of Monitoring Firm Hire Criterion Labs	ed by Building Ow	ner (8)		ASCM No.		Hospital of Abatement Contra iated Specialty Contra				
Street Address 3370 Progress Drive				'		Address Crue Avenue				
City, State, Zip Code Bensalem, PA 19020						State, Zip Code Wills, PA 19342				
Project Manager of Monitoring Mike Panpresso	g Firm		Telephon 215-244-1	e Number 300		none Number 54-9622		Licen 110	ce Numl	ber
Scheduled Start Date (10) 06/29/15 Month/Day/Year		M	mpletion Dat 06/29/16 Ionth/Day/Ye	5		of OSHA Monitor ion Labs				
Occupancy Status During Abat Facility Closed/Vacated  X Abatement Performed ( Hours - Describe:	During Entire Pe Outside of Normal 7:00 AM to 3:30 P	riod of A Facility M	batement		3370 P City, S	Address Progress Dr State, Zip Code Jem, PA 19020				
Scope of work (Check all that a Demolition >3 sf or >3 if x >160 sf or >260 lf	pply)	х	Renovatio	n	x	Full Containment w Mini - Enclosure Glovebag Procedure Non-Friable Proced	:	e Pressi	ire	
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Locat Norm Usec Solel by Ma tenan Custoo Staff ( Yes No	ion allv l y ain- ce/ dial	Asbest Mate (ie. Th insulation	scription of cos-Containing erial (ACM) nermal systems a, surfacing, VA r miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
Pharmacy 2nd floor	x	11022	floor tile a	nd mastic		4564 SF	x			E
3rd Fl OR	x		floor tile a	nd mastic		1542 SF	x		-	
2nd Fl Enabling	x		floor mast	ic		1345 SF	x		-	
2nd Fl Enabling	x		floor tile			830 SF	x			-
Name of Registered Waste Haul Horizon Disposal	er	100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered	Landfill		ı	
City, State Trenton NJ	Çe			Disposal Date As req.		GROWS City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow		Title Proje	ct Manager	1222-4	Signatu				Date 7-/	75
ABS-41 JUN 95									,	0465

### $\mathbb{N}$ State of New Jersey department of Labor notification of asbestos abatement

Date of Notification (1)					Name of	Building Owner/Operator	(2)				
06/25/2015 Initial					506.	efferson St. LLC	$C_{i} \simeq C_{i}$		***		
* Amendment for a	due unsaf	e condition	ns in roof v	work					1		
with rain storms.							2015 JUL -	) RES			
Agencies Notified	Type of No	otification			Street Ad			1 1 1	11:46		
(X) EPA	(X) Initi	ial Notificati	on		1125	Maxwell Ln, Apt 3	045BFKTT	ENE I	71-61		
(X) NJDEP	(X)Am		011		City, Sta	te, Zip Code	& LICE	NO IN	T NUL		
(X) NJ DOL		endment#			Hobo	ken, NJ 07030					
(X) DOH		ergency (in	cluding		Name of		1.	Tel. Nun	nber		
( ) DCA		tification) ncellation			Dana	Spalding	1			-	
	1			ACILIT	Y INFORM	ATION					
Name of Facility Where A		Taking Place (	3)			acility (4)					
Residential Propert	У					ool (K-12) chapter 8 (other than K	-12)				
506 Jefferson St., N	JI 07030					er (i.e. private & comme		mes, et	ic.		
City (5)		ounty (6)	County Cod	le (7)	Ca Foot	5,000 # of Flo	1	D14-	Age 60	1	
			(State Use 0		Sq. reet	<u>3,000</u> # 01 F10	ors <u>I</u>	ыag.	Age O	<u>.</u>	
Hoboken		udson				Use (prior if being dem	olished): restau	rant			
Name of Monitoring Firm	Hired by Bldg	g. Owner (8)	ASCM No.		The William Control of the	Contractor (9)					
Street Address			1.00.1		ISES,						
N/A					Ten (100 (100 (100 (100 (100 (100 (100 (10	Iudson Avenue					
City, State, Zip Code					100 (00 (00 (00 (00 (00 (00 (00 (00 (00	e, ZipCode					
N/A		T 1 1 N				City, NJ	*				
Project Manager for Monit Firm	oring	Telephone Nu	<u>ımber</u>			<u>e Number</u> 25-0055			cense N 1124	umber	
N/A									1127		
Scheduled Start Date (10) 06/25/2015	).	07/05/201	ompletion Date	(11)	Name of ISES, Ir	OSHA Monitor					
Occupancy Status During		Check only or	ne)		Street Ac						
( ) Facility Closed/Vaca ( ) Abatement Performe					3300 F	Iudson Avenue					
( X ) Other - Describe: \(\text{\text{\text{V}}}\)					City, Stat	e, Zip Code					
					Union	City, NJ 07087			240.00000000000000000000000000000000000		
Source of Work (Check al	I that apply)	_ ( X	) Demolition	1	(	) Renovation					
( ) Minor Project (<					(	) Full Containment wit	h Negative Pre	ssure			
( ) Small Project (> (X ) Large Project (>					(	) Mini-Enclosure ) Glovebag Procedure	2				
	Annual		vi.			) Non-Exempted (*) a		Proced	ure		
Location of Asbestos-Con (ACM)	taining Mate		tion Normally Solely by	(i.e.	37.5	cription of ACM stems insulation, surfacing	Amount (Specify SF	A	bateme	nt Type	<b>:</b>
To be Abated in Fa	cility (13)	Maint	tenance or	(1.0.		ther miscellaneous.)	or LF)			ш	m
		Custodi	al Staff? (12)					Rem	Repair	ncap	nck
		YES	NO N/A					Remova	pair	Encapsulate	Enclosure
						±v.				е	Φ
Roof main surface and Name of Reg. Waste Haul		ng X	NJDEP Was		surface	Cubic Yards of Waste	~ 800 LFT	X			
Atlas Disposal Opt			50452	ore Hann	5/ ID#	30	Name of Reg Grand Cer			n .	
							1963 Pen /	Argyl F	Road		
City, State 311 East Blackwell S	treet Dov	er. N.I 0780	)1	Disp.	Date 5/2015		City, State Pen Argyl,	PA 18	072		
Completed by (Print or Type	AV	Title		Signa		11	Date Date	. / 10	312		
	2	D .	1		//	1/1 4 ( )	00/04/001	_			
David Camacho		Projec		1	DNIJ	MARCH	06/24/201	3			
		Super	VISOT			///					

CK 11145

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

in the second

Date of Notification (1)  6 /	26 /	15				of Building	Owner/Operator (2	2)	75 //11				
Agencies Notified	Type Notificat		-		Street A	Address		di- 1	15 JUL -2 ,	1911:	, >	20.000	
⊠ EPA					61 S	unnyhill	Road		at the		. 1		
□ DOLWD	☐ Amended				City, St	ate, Zip Co	ode		e all the				
☑ DHSS	Amendmen	_				er, NJ 07			- A.	17.			
DCA	☐ Emergency justification		iding			of Contact			Telephone Nur	mber			
(NJAC 5:23-8)	☐ Cancellation				matter a	ıl Patel							
							FORMATION		1				
Name of Facility Where	Abatement is Ta	akina F	lace	(3)				Type of Facility	(4)		2.00.00		
Skytop Motel				(-)				School (K-1					
Street Address	<u> </u>	-							8 (Other than K-1			_	
456 US-46								homes, etc.	orivate and comm	erciai bu	liaing	S,	
City (5)			-	-				Square Feet	# of Floors	Blo	dg. Ag	je	
Dover, NJ 07801								15,000	1		59		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			_
Morris								Motel					
Name of Monitoring Firm	Hired by Buildi	ing Ow	mer (8	3)	ASCM I	No.	Name of Abateme	ent Contractor (9	)				
Accredited Environ					NA		Alliance Envi	ironmental Sy	stems				
Street Address							Street Address						
28 N. Pennell Rd.							550 East Uni	on St.					
City, State, Zip Code			707				City, State, Zip C	ode					
Media, PA 19063							West Cheste						
Project Manager for Mor	nitoring Firm			Tele	phone I	No.	Telephone No.		License No.				
Dave Turotsy				61	10-891	-0114	610-701-9000	)	00508				
Start Date (10)	S	chedu	led Co	omple	tion Dat	te (11)	Name of OSHA N	Monitor					
7 / 13 /	15	8	/	7	/ _	15	AET						
Occupancy Status Durin	g Abatement (C	Check	only o	ne)			Street Address						
□ Facility Closed/Vacat	771. J. (1984)				ment		28 N. Pennel	Road					
☐ Abatement Performe	d Outside of No	rmal F	acility	Hou	rs - Des	cribe	City, State, Zip C	ode					200000
Time of Abatement:	7AMPM	/ <u>3:30</u>	PM		AM		Media, PA 19						
Scope of Work (Check a	III that apply)												
	one de Europenios de la colonida de la Propieta de		7.0-				☐ Full Con		egative Pressure				
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>			☐ Re ☑ De					g Procedure					
Z4 = 100 01 01 = 200 11						Zin Zin	⊠ Non-Exe	empted (*) and N	on-Friable Proce	dure			
	10			Loca						Ab	atem	ent T	ype
Location		,		Norma	ally ely by	A = b = .	Description of		Amount	Re	Re	E	En
Asbestos-Containing TO BE AB		,	Ma	intena	ance/	(i.e	stos Containing Ma ., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Faci	lity		Cust	todial (12)	Staff?	,	surfacing, VAT	, or	SF or LF)	/al		Encapsulate	ure
(13)		H	Yes	No.	N/A	1	other miscellane	eous)				te	9900
Motel				П		VAT/Ma	etic		8000 SF			$\Box$	П
					-				250 LF				
Motel		-				AC Unit	7, 72,71,000						
Motel				Ш		Flashin			776 SF		닏		
Restaurant						VAT/Ma			2719 SF				Ш
Name of Registered Wa				1.5	NJDEP I Hauler II		Cubic Yards of Waste	and the second second	istered Landfill	mitur I a	م طوزاا		
David Geppert Re	cycling			,	iauioi II	2 110.	90		Berks Commu	nity La	natili		
City, State					-		Disposal Date	City, State					
Hatfield, PA							TBD	Birdsbor	o, PA				
Completed By (Print or	Type)	Title					Signature	M		Date	1	/	/
Mark Griffin		Es	tima	tor				XIII		61	20	1/1	5
ASB-41		77/				g) A) 1	. 22	//#		-/	,	/	
MAY 11		* D	o not	use t	his form	for asbesi	tos licensure exem	pted activities.		10.000			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Restaurant			X	Textured Ceiling	68 SF	X			
Restaurant			X	Door Caulk	18 LF	X			
Restaurant			X	Flashing	532 SF	X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X	,		X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X		- No.	X			
			X			X			
			X			X			
			X			$\times$			
			X			X			
			X			$\times$			
			X			X			
			X			X			

Page 2 - Notification - 1/4/13



	NC		ATION (	e of New OF ASBE NJAC 8	STOS A					In Fig.		11,				
Date of Notification (1) 06/26/15				Building C Elizabet		erator	(2)		2015	JUL -	.2	Etz.	** .	è		
Agencies Notified Type Notifi		100	Street Add	dress field Sco	ott Plaz	a		A	001			hii	11: 5	1		
	nded ndment #		City, State, Zip Code Elizabeth NJ 07201								MA)	HG	80	L		
DOH Emer	gency (including cation) ellation	1 3	lame of 6						Tele	ephone N						
			FACIL	ITY INFO	RMATIC	N										
Name of Facility Where Abatement in Bayway National Polish Hom							Туре	of Facility (4 School (K-12	2)							
Street Address 607-627 Pulaski St.							×	Subchapter to Other (i.e. pretc.)	(Otherivate &	er than K & comme	-12) rcial l	build	ings,	home	s,	
City (5) Elizabeth NJ 07201							Squi 800	are Feet 0	# of	Floors 1		10000	dg. A			
County (6) Union			County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Former Dance Hall								
Name of Monitoring Firm Hired by B T&M Associates	uilding Owner (8)							ne of Abatement Contractor (9) Innuzzi Environmental Services, Inc.								
Street Address 265 Industrial Way								eet Address 5 Kinnelon Rd.								
City, State, Zip Code Eatontown, NJ 07724						Zip Code , NJ 07405						100				
Project Manager for Monitoring Firm Kevin Burns	- 11	Telephon	e No. 6-4000		Teleph 908-2		No. 0880		License 01228	License No. 01228						
Start Date (10) 7/9/15	d Com	pletion D	Date (11)				SHA Monitor i Environm	ental	Service	es, l	nc.	10				
Occupancy Status During Abatemen		0.00.20			Street 135 I		ess elon Rd									
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facility	Hours	urs City,					Zip Code , NJ 07405	i							
Scope of Work (Check All That App	ly)												-		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	valion					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Location	on					ion-Exemples	( ) un	4 1401111	Idbic		Abate	ement		
Location of Asbestos-Containing Material (A	N Used	ormall d Solel ntenar	y y by		tos Cont					Amount			Тy	pe m	_	
TO BE ABATED In Facility (13)	0.5000000	odial S (12)	100000000	(i.e.		system cing, VA niscellar	T, or	0.000000-0.0000		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									_		ite	Ф	
See Attached Survey			X			VAT				14 SF		X				
			X			Felt			75	70 SF	-	x				
											+					
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yards		Name of I	Regist	ered Lan	dfill					
Yannuzzi Group, Inc.		Н	auler ID 7467			CY		GROW								
City, State Hillsborough, NJ					Dispos 7/29/	al Date	. 1	City, State Morrisv		PA						
Completed by John Mucha	Title Projec	ct Ma	nager		S	ignafur					Date 6/26/15					

# SECTION 028200 - ASBESTOS ABATEMENT

# PART 1 - GENERAL

## Ξ ABATEMENT

structures described in these specifications. be asbestos-containing materials (ACMs) pursuant to applicable regulations associated with the This section covers the abatement of potential hazards relating to materials previously determined to

# 1.2 DESCRIPTION OF WORK

- A Work: This section details all areas where Asbestos Abatement Work is to be performed and lists areas requiring special protection during the Asbestos Abatement Work. Furnish all labor, materials, services, training, insurance, and equipment as needed to complete removal of asbestos-containing and asbestos-contaminated materials located as indicated below. Follow all Federal, State and local ordinances, regulations and rules pertaining to asbestos, including its storage, transportation, and
- Work Area: The Work area includes the following Property.
- Bayway Polish Home located at 625 Pulaski Street in Elizabeth, Union County, New Jersey
- Removal: Remove the following asbestos-containing materials:

Note: sf = square feet; If = linear feet

						партини оппитеры мани оппите	Bayway Polish Home Tan 9"x9" floor tile and associated black anthalia mastic	TYPE OF ACM
Office (below carpeting)	Kitchen	Dance Hall/Bar Area (some below "parquet" wood flooring)	North Entrance Alcove (below carpeting)	South Entrance Alcove (below carpeting)	Coat Room	Women's Restroom Alcove	Men's Restroom Alcove	LOCATION
150 sf	300 sf	6,400 sf	Js 06	90 sf	220 sf	20 sf	16 sf	APPROX. AMOUNT

ASSESTOR COMING 0304038

A CDECTOC A DA TEMENT

1 111168611

625 Pulaski Street, Elizabeth, New Jersey Bayway Polish Home

flooring associated with 'parquet' wood (con'l) associated black asphaltic mastic Tan 9"x9" floor tile and TYPE OF ACM Black asphaltic felt paper Dance Hall/Bar Area; Center Office Restroom LOCATION 1,170 st APPROX

30 sf AMOUNT

acquainted itself with the spaces involved, and to have investigated the location and amount of specified, all ACM so identified, nor to form the basis for any change of the Contract Sum or applied so as to limit the Contractor's obligation to remove and dispose of, or otherwise treat as all identified materials. exact amount of ACM in the above mentioned locations. The Contractor is expected to have provide a general and relative frame of reference. No attempt has been made to quantify the The "Approximate Amount(s)" of ACM listed in Paragraph 1.2.A. (2) above are merely to The Approximate Amounts shall not in any way be construed or

4 time following the initial Asbestos Abatement Work due to the Contractor's failure to work area or phase to be completed as part of one mobilization. The Owner shall not be definition of the work to be sufficient to allow for all Asbestos Abatement Work for a given It is the Contractor's sole responsibility to arrange for the Asbestos Abatement Work scope to Work conducted to remedy improper initial definition of the Asbestos Abatement Work for its consultants to participate in arrangement and monitoring of Asbestos Abatement Rather, the Contractor shall bear the costs incurred by the Owner for the Owner to arrange properly define and execute the Asbestos Abatement Work as part of that first mobilization. the Contractor needs to arrange for some Asbestos Abatement Work to be completed at a held responsible for delays and duplicative costs associated with the possible eventuality that be completed in an expeditious and cost effective manner. A critical consideration is the

## W Sequencing/Scheduling

- 7:00 am and 4:00 pm. Monday through Friday, except in cases of emergency Abatement times All asbestos abatement activities shall be performed between the hours of
- in Complete all Asbestos Abatement Work prior to commencing with any building demolition
- w Complete the Asbestos Abatement Work over one continuous seven (7) business day period scheduled specifically within the overall time period of the contract. (Also see Section 00800)

## 0 Occupancy

Work with no intervening building occupancy, this project is not within the regulatory scope of the As the subject building is scheduled for complete demolition following this Asbestos Abatement

1.3 DOCUMENTS

New Jersey Asbestos Hazard Abatement Subcode (N.J.A.C. 5:23-8, the "Subcode).

ASIS JUL -2 ANTI: 52 ASISESTUS CONTROL W. Comment

C-UUCSCU

	ı			to NJAC 8:6		2000		1.	17: 1	N 7	fire.				
Date of Notification (1) 6/26/15				f Building Ow ity of Rahw		(2)		2815 JI	7/	,		. ()			
Agencies Notified Type Notification  EPA Initial		1 3	Street A One C	ddress ity Hall Pla	ıza			ASSE		< 1	.H1	:5	1		
DEP X Amended Amendment #				ate, Zip Code ay, NJ 070	ASOL LICENSYNIROL										
DOH justification)  DCA Cancellation	nciuaing	1 2		f Contact C. Lee				Telephone Number							
			FACI	LITY INFORI	MATION										
Name of Facility Where Abatement is Taking Abandoned Residence	Place (3	3)			4) 2)										
Street Address 194 West Grand Avenue			×		8 (Other than rivate & comm			lings,	home	es,					
City (5) Rahway					Squa 1,30	are Feet	# of Floors	# of Floors			Bldg. Age 50+				
County (6) Union				Code (7) USE ONLY) _		Current Use (Prior if being demolished) Condemned									
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	M No.			atement Cont Environme	ntractor (9) nental Services, Inc.							
Street Address				Street 135		ess elon Road									
City, State, Zip Code						Zip Code NJ 07405	5								
Project Manager for Monitoring Firm		Γelepho	ne No.	Teleph 908-	none N 218-0		Licen 0122	se No 28							
Start Date (10) JOB ON HOLD	ed Com	pletion	Date (11)			HA Monitor Environme	ental Servi	ces,	lnc.						
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Addre	ess								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	City, State, Zip Code														
Other – Describe:					Kinn	elon,	NJ 07405	5							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Renovat Demoliti			>	M GI	ini-Enclosure ovebag Proc								
Location of	1	Locatio	y		Description			Abatement Type							
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Solet iintenan todial S (12)	ce/ taff?	(i.e. the	Containing Mermal system surfacing, VA	Materia s insu T, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
T	Yes	No	N/A		D: 1			50.1.5							
Throughout Basement			X		ey Pipe Ins		on	50 LF		X					
Second fl. hall under plywood			Х		Black Floor			150 SF		X					
Interior Walls			X		Plaster	-		1100 SF	-	Х					
Name of Registered Waste Hauler		100000000000000000000000000000000000000	JDEP W		Subic Yards		Name of F	Registered La	ndfill						
Yannuzzi Group, Inc.		10000	auler ID 467		f Waste 1 CY		GROWS								
City, State Kinnelon, NJ 07405			Disposal Date 6/11/15												
Completed by Anna Bastos	Title Admi	inistra	tive As	ssistant	Signature	na	Basi	top	Dat 6/2	e :6/15					



RECEIVED

Date of Notification (1) 6/29/15	10000	Name of Building Owner/Operator (2) City of Plainfield  Street Address  2015 JUL - 2 FM II: 50														
Agencies Notified Type Notification			treet Ad 15 Wa	ldress atchung	Ave.			ÁSc	E51	US III CEHS	1111		U			
□ EPA □ Initial □ Amended □ Amendment #				te, Zip Cod				(	Se 1.1	CENS	IHG	RO	L			
□ DOH	ncluding	288	ame of nknov	Contact vn					Telephone Number unknown							
_			FACIL	ITY INFO												
Name of Facility Where Abatement is Taking Abandoned Building	Place (3)						Type of Facility (4)  School (K-12)									
Street Address 117-125 North Avenue							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							es,		
City (5) Plainfield								e Feet own		f Floors Inknowi	n		dg. A	ge own		
County (6) Union County			County Code (7) (STATE USE ONLY)					nt Use (Prio			lished	1)				
Name of Monitoring Firm Hired by Building C	wner (8)							ement Con Environm			es, Ir	nc.				
Street Address						Addres	s on Rd., S	Suite	102							
City, State, Zip Code		City, S					y, State, Zip Code nnelon, NJ 07405									
Project Manager for Monitoring Firm	Te	elephor	ne No.		100000000000000000000000000000000000000	one No 218-08			License 01228							
Start Date (10) 6/29/15	Comp	letion [	Date (11)		1.0100.000		A Monitor Environm	ental	Service	es, Ir	ıc.					
Occupancy Status During Abatement (Check	-				Street	Addres	S									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Aba	iteme	ement					on Rd., S	Suite	102						
Other – Describe:  Scope of Work (Check All That Apply)					_	-	nelon, NJ 07405									
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		ovatio				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
and the second s	Т						1 1401	I-Excilipted	pted (*) and Non-Friable Procedure  Abatement							
research to		cation			D-		-f				L		Ту			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely enanc	by ce/		os Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes 1	No.	N/A											е		
Entire Bldg.			х	F	Roofing	g & Flo	or Tile	9			+	X				
Name of Designand Wests House		N1 I	DEP W	looto	Cubic	Varda		Name of	Pociati	arad Land	4611					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Ha	uler ID 467		of Was			Name of G.R.O.		sieu Land	attii					
City, State Kinnelon, NJ	=======================================				Dispos 7/3/1	sal Date		City, State Morrisv		A						
Completed by Anna Bastos	strati					7										

Date of Notification (1)			N	Name of Building Owner/Operator (2)												
6 /29 /	15						rd of Educati	5. 50.	506-4927 Che	eck #7	309					
Agencies Notified Type Notif	ication		S	tree	t Address				- 6	-4						
☑ EPA ☑ Initial				20	Centre A	ve.		£								
☑ DOLWD ☐ Amend			C	ity, S	State, Zip 0	Code	e	N	22 19 19							
177-7	ment # ency (includ	ling		Sec	caucus, N	J C	07094		11 14 11 1							
(NJAC 5:23-8) justifica		iiig	N	ame	of Contac	t			Telephone Nu	ımber						
☐ Cancell	ation			Adı	ministrati	ion		J								
				FA	CILITY IN	IFO	RMATION			), a <del>series a series de la constant</del>						
Name of Facility Where Abatement is	Taking Pla	ace (3			01211111	0	TUNATION	Type of Facility	, (A)							
Huber Street No. 3 ES	<b>J</b>							School (K-12)								
Street Address		1000						Subchapter 8 (Other than K-12)								
1520 Paterson Plank Rd.								Other (i.e., homes, etc	private and comn	nercial l	ouildir	igs,				
City (5)							<del></del>	Square Feet	# of Floors	T r	Olala.	^				
Secaucus								Oquare i eet	# 01 F10015	-	Bldg.	age				
County (6)				COLLE	ty Code /7	VST	ATE USE ONLY)	Current Has /P	rior if bains dans	e limboral\						
Hudson				Jour	ity Code (i	1011	ATE OSE ONET	Elementan	rior if being demo	olisnea)						
Name of Monitoring Firm Hired by Bu	ilding Owne	or (8)	IAS	CM	No	No	ama of Abatama	ent Contractor (9								
RJB Environmental, Inc.	naing Owne	51 (0)	7.0	CIVI	NO.				2 71							
Street Address						_	AbateTech, I	nc.								
56 East Bridge Street				747			reet Address	DO D 05								
City, State, Zip Code							30 Maple Ave	Street Street Street Street Street		-10000	73. 					
Morrisville, PA 19067						ty, State, Zip Co										
Project Manager for Monitoring Firm		1 -	-11-	Lumberton, NJ 08048												
James Frisbee		1		phone No. Telephone 7-991-9212 609-265					License No.							
Start Date (10)	0-1-1-1-1					150	609-265-2107		00529							
	Scheduled 7		20		7		ame of OSHA M E <b>MSL Analyti</b>									
Occupancy Status During Abatement				Street Address												
☐ Facility Closed/Vacated During En				nf			200 Route 13	0 North								
☐ Abatement Performed Outside of N	lormal Faci	lity H	ours - I	- Describe City State Zin Code												
Time of Abatement:AM	PM/	P	M	/	AM		Sinnaminson									
Scope of Work (Check all that apply)				□ Full Containment with Negative Pressure												
≥3 sf or ≥3 lf	⊠ F	Renov	ation			☐ Mini-Encl	gative Pressure									
≥160 sf or ≥260 lf	-	Demol					☐ Glovebag	Procedure								
							☐ Non-Exer	mpted (*) and No	n-Friable Proced	lure						
Location of			cation nally				_			Al	atem	ent T	уре			
Asbestos-Containing Material (ACI	Л) Us		olely b	у	Asbes	tos	Description of Containing Mat		Amount	Re	Re	E	四			
TO BE ABATED	. N		nance, al Staf	SSAN		, the	ermal systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure			
IN Facility (13)	00	(1		1.7			surfacing, VAT, her miscellaned		SF or LF)	<u>a</u>		Encapsulate	sure			
(10)	Yes	T	See Proper	/A		ΟĹ	nei miscellanec	ous)				ate				
Boiler Room				]	Jacket Ir	nsu	ılation		60 SF							
Boiler Room				]	Floor tile	e &	Mastic		450 SF							
Boiler Room				]	Miscella	nec	ous rope/gas	ket material	5 SF	$\boxtimes$						
		]							П	П						
Name of Registered Waste Hauler			NJDE		C. C		oic Yards of	Name of Regis	tered Landfill							
AbateTech, Inc.			Haule		No.	Was		G.R.O.W.S								
City, State	187	50		3 Dist	0 posal Date	City, State			-							
Lumberton, NJ			7/24/15 Tullytown, PA				ΡΔ	24								
Completed By (Print or Type)							75.									
Gwendolyn Trumbetti	Title	tions		:امر	22404		Signature	. +	0	Date 1 1001						
Gwendolyn Trumbetti Operations Coordinator									0/29/15							

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities.

#### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/22/2015				Name of Building Owner/Operator (2)  NJ Transit											
Agencies Notified	Type of Notifica	ation		Street Address  1 Hudson Place City, State, Zip Code											
/ V \	/ V ) Initial N	atification		1 Hudson Place	#15 JUL -2	ALC:									
(X)USEPA ()NJDEP	(X) Initial N			City, State, Zip Code	BESTOS L	4111	. 46								
(X) NJDOL		ment#		A. N. 1. 27000	BESTOS .										
( ) DOH		ency (includir	ng	Hoboken, NJ 07030	& LICIA	UNI	ROL								
( ) DCA	justifica		J	Name of Contact John R. Worster	116"	I/ shell,	Number		0						
8	( ) Cancell	ation		(Soniar Project Manager)		,	,		0						
		E/	A CILITY	(Senior Project Manager)					_						
Name of Facility Where Abateme	ent is Taking Place		4CILII I	Type of Facility (4)											
NJ Transit Hoboken Ter				( ) School (K-12)											
Street Address				( ) Subchapter 8 (other than K-1											
1 Hudson Place			(X ) Other (i.e. private & commercial bldgs., homes, etc.												
<u>City (5)</u>	County (6)	County Code (State Use O		Sq. Feet: 5,000 # of Floors 1 Bidg. Age 80											
Hoboken	Hudson	(State Ose O	illy)	Current Use (if being demolished): abandoned											
Name of Monitoring Firm Hired b		ASCM No.		Name of Contractor (9)	2 2 6		_								
Matrix New World Enginee	ering, Inc.			Industrial Safety & Environmental Solutions, Inc.											
Street Address				Street Address											
26 Columbia Turnpike				3300 Hudson Avenue											
City, State, Zip Code Florharm Park, NJ 0793	2			City State, ZipCode											
Project Manager for Monitoring F		lumber		Union City, NJ 07087  Telephone Number  License Number											
Gavin Gilmore	973 240-1			(201)325-0055			1124	uniber							
Scheduled Start Date (10)	CONTRACTOR OF THE PROPERTY OF	ompletion Date	(11)	Name of OSHA Monitor			1121								
			, , , , ,	ISES, Inc.											
06/23/2014	06/26/20			Charact Address				40							
Occupancy Status During Abater  ( ) Facility Closed/Vacated Du				Street Address 3300 Hudson Avenue											
( ) Abatement Performed Outs				PROVINCE OF THE PROPERTY OF TH											
( X ) Other - Describe:	h atam ant			City, State, Zip Code											
Building is occupied during a				Union City, NJ 07087											
Source of Work (Check all that a	oply) (	) Demolition		( X ) Renovation											
( ) Minor Project (< 25 SF	or < 10 LF ACM	)		( ) Full Containment with Negative Pressure											
(X) Small Project (>25 <16				( ) Mini-Enclosure	er en al les fai <del>l -</del> classifies afteriores en les dispositions										
( ) Large Project (>160 SF	or > 260 LF AC	M		( ) Glove-bag Procedure											
Location of Asbestos-	Is Location Non	mally Used		( X ) Non-Exempted (*) and Non-Friable Procedure  Description of ACM Amount Abatemer											
Containing Material (ACM)	Solely by Main	enance or	(i.e. t	hermal systems insulation, surfacing,	(Specify SF										
To be Abated in Facility (13)	Custodial Sta	aff? (12)		VAT, or other miscellaneous.)	or LF)	<sub>20</sub>	57555	g	ш						
						em	Repair	cap	nclo						
	YES NO	N/A				Remova	air	Encapsulate	Enclosure						
	TES NO	IN/A				_		Œ	(D						
Store storage area (former)	X		Vinyl	floor tile and associated mastic	~ 80 SFT	X									
Lackawanna Liquor	-														
No. of Dec. Williams	NUE		ID #	To blow do two	No.										
Name of Reg. Waste Hauler Newark Carting	0450	9 Waste Hauler	1U#	Cubic Yards of Waste ~ 5	Name of Reg. Grows Landi										
City, State	St. Compact Construction		Disp. I		City, State	89 P80-									
369 Raymond Blvd., News	ark, NJ 07105			2/2/015	Falls Townsh	nip, PA	A								
Completed by (Print or Type)	<u>Title</u>		Signat	turé //	<u>Date</u>										
David Camacho	Project Sup	ervicor		HAV, II AMARK	06/22/2015	5									
David Canadilo	1 1 Toject Bup	CI V1301	Wall Williams	100/22/2013											